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# 497 Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

NAME OF FILER <b>Gary Pritchard</b> For State Senate		Date of This Filing <b>10-22-08</b>	Date Stamp <b>OCT 24 2008</b>	497 CONTRIBUTION REPORT <b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER <b>949-322-1379</b>	I.D. NUMBER (if applicable) <b>1304795</b>	in the office of the Secretary of State of the State of California		
STREET ADDRESS		Report No. _____		
CITY <b>Aliso Viejo, CA</b>		STATE <b>CA</b>	ZIP CODE <b>92656</b>	
1. Contribution(s) Received		No. of Pages <b>1</b>		
		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
		<b>DEBRA BOWEN</b> Secretary of State		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10-21-08	Loretta Sanchez  Santa Ana, CA 92704 FEC ID C00326264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	U.S. Congress	1,000. <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: \_\_\_\_\_

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee